

INTRADISTRICT ATTENDANCE

1. Summary of Chapters 161/93 and 915/93

Education Code § 35160.5, Subdivision (c), paragraphs (1) and (2), as added and amended by Chapter 161, Statutes of 1993, and Chapter 915, Statutes of 1993, requires each school district on or before July 1, 1994, to prepare and adopt rules establishing and implementing a policy of open enrollment within the district for residents of the district which provides that: The parent or guardian of each schoolage child who is a resident in the district may select the school the child shall attend; once the intradistrict transfer is selected, evaluating the transfer to ascertain the impact of the transfer on the maintenance of appropriate racial and ethnic balances among the respective schools; intradistrict attendance in excess of schoolsite capacity as established by the district shall be determined by a random, unbiased process that prohibits an evaluation of whether any pupil should be enrolled based on his or her academic or athletic performance; and no pupil who currently resides in the attendance area of a school shall be displaced by pupils transferring from outside the attendance area.

This intradistrict attendance program does not apply to school districts of only one school or school sites serving different grade levels. The school district shall determine the capacity of the schools of the district.

On January 19, 1995, the Commission on State Mandates determined that Chapter 161, Statutes of 1993 and Chapter 915, Statutes of 1993, resulted in state mandated costs that are reimbursable pursuant to Part 7 (commencing with Government Code § 17500) of Division 4 of Title 2.

2. Eligible Claimants

Any school district (K-12) that incurs increased costs as a result of this mandate is eligible to claim reimbursement of these costs.

3. Types of Claims

A. Reimbursement Claims

A reimbursement claim is defined in GC Section 17522 as any claim filed with SCO by a school district for reimbursement of costs incurred for which an appropriation is made for the purpose of paying the claim. In order for a claim to be considered properly filed, it must include any specific supporting documentation requested in the instructions.

B. Estimated Claims

Pursuant to AB 8, Chapter 6, Statutes of 2008, the option to file estimated claims has been eliminated. Therefore, estimated claims filed on or after February 16, 2008, will not be accepted by SCO.

4. Minimum Claim

Government Code Section 17564(a) provides that no claim shall be filed pursuant to Government Code Section 17561 unless such a claim exceeds \$1,000 per program per fiscal year. However, any county superintendent of schools, as fiscal agent for the school district, may submit a combined claim in excess of \$1,000 on behalf of one or more districts within the county even if the individual district's claim does not exceed \$1,000. A combined claim must show the individual costs for each district. Once a combined claim is filed, all subsequent years relating to the same mandate must be filed in a combined form. The county receives the reimbursement payment and is responsible for disbursing funds to each participating district. A district may withdraw from the combined claim form by providing a

written notice to the county superintendent of schools and SCO of its intent to file a separate claim, at least 180 days prior to the deadline for filing the claim.

5. Filing Deadlines

An actual claim for the 2007-08 fiscal year, may be filed by February 17, 2009, without a late penalty. Claims filed after the deadline will be reduced by a late penalty of 10%, not to exceed \$10,000. However, initial reimbursement claims will be reduced by a late penalty of 10% with no limitation. Claims filed more than one year after the deadline will not be accepted.

6. Reimbursement Limitations

Any offsetting savings or reimbursement the claimant received from any source including but not limited to, service fees collected, federal funds, and other state funds as a direct result of this mandate, shall be identified and deducted so only net local costs are claimed.

7. Reimbursable Activities

Eligible claimants will be reimbursed for the direct and indirect cost of labor, supplies, and services incurred for the following mandated activities:

A. Policy and Procedures

Preparation and adoption of rules and procedures regarding the intradistrict open enrollment plan for the district.

B. Random Selection Process

Establishing and operating a random, unbiased selection process in excess of schoolsite capacity for intradistrict transfers that also insures that no pupil who currently resides in the attendance area of a school will be displaced by pupils transferring from outside the attendance area.

C. Schoolsite Capacity

Determining the total enrollment and program capacity of each school in the district.

D. Impact on Demographics

Evaluating each selected intradistrict transfer to ascertain the impact of the requested transfer on the maintenance of appropriate racial and ethnic balances among the respective schools.

8. Claiming Forms and Instructions

A claimant may submit a computer generated report in substitution for Forms 1 and 2 provided the format of the report and data fields contained within the report are identical to the claim forms included in these instructions. The claim forms provided with these instructions should be duplicated and used by the claimant to file estimated or reimbursement claims. SCO will revise the manual and claim forms as necessary. In such instances, new replacement forms will be mailed to claimants.

A. Form 2, Activity Cost Detail

This form is used to segregate the detailed costs by claim activity. A separate Form-2 must be completed for each cost activity being claimed. Costs reported on this form must be supported as follows:

(1) Salaries and Benefits

Identify the employee(s), and/or show the classification of the employee(s) involved. Describe the mandated functions performed and specify the actual time devoted to each function by each employee, the productive hourly rates, and related fringe benefits. The average number of hours devoted to each function may be claimed if supported by a documented time study. A time study may be appropriate for functions that are relatively short in duration and repetitive. If the claim is based on a time study, submit with the claim all documentation for the Controller's review of the study's precision and reliability.

Source documents may include, but are not limited to, employee time records that show the employee's actual time spent on this mandate.

(2) Materials and Supplies

Only expenditures that can be identified as a direct cost of this mandate may be claimed. List the cost of materials consumed or expended specifically for the purpose of this mandate.

Source documents may include, but are not limited to, invoices, receipts, purchase orders, and other documents evidencing the validity of the expenditures.

(3) Contract Services

Give the name(s) of contractor(s) who performed the service(s). Describe the activities performed by each named contractor, actual time spent on this mandate, inclusive dates when services were performed, and itemize all costs for services performed. Attach consultant invoices with the claim.

Source documents may include, but are not limited to, contracts, invoices, and other documents evidencing the validity of the expenditures.

For audit purposes, all supporting documents must be retained for a period of three years after the end of the calendar year in which the reimbursement claim was filed or last amended, whichever is later. Such documents must be made available to the State Controller's Office on request.

B. Form -1, Claim Summary

This form is used to summarize direct costs by claim component and compute allowable indirect costs for the mandate. Claim statistics shall identify the work performed for costs claimed. The claimant must give the number of pupils who were verified to have been reported as truants at least four times during the same school year.

School districts and local offices of education may compute the amount of indirect costs utilizing the State Department of Education's Annual Program Cost Data Report J-380 or J-580 rate, as applicable. The cost data on this form is carried forward to form FAM-27.

C. Form FAM-27, Claim for Payment

Form FAM-27 contains a certification that must be signed by an authorized officer of the district. All applicable information from Form-1 must be carried forward to this form for the State Controller's Office to process the claim for payment.

CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 INTRADISTRICT ATTENDANCE			For State Controller Use Only	PROGRAM 153
(01) Claimant Identification Number			(19) Program Number 000153	
(02) Claimant Name			(20) Date Filed	
Address			(21) LRS Input	
			(22) FORM-1, (03)(a)	
			(23) FORM-1, (03)(b)	
			(24) FORM-1, (03)(c)	
			(25) FORM-1, (04)(1)(d)	
Type of Claim	Estimated Claim	Reimbursement Claim	(26) FORM-1, (04)(2)(d)	
	(03) Estimated <input type="checkbox"/>	(09) Reimbursement <input type="checkbox"/>	(27) FORM-1, (04)(3)(d)	
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(28) FORM-1, (04)(4)(d)	
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(29) FORM-1, (06)	
Fiscal Year of Cost	(06)	(12)	(30) FORM-1, (07)	
Total Claimed Amount	(07)	(13)	(31) FORM-1, (09)	
Less: 10% Late Penalty (refer to claiming instructions)		(14)	(32) FORM-1, (10)	
Less: Prior Claim Payment Received		(15)	(33)	
Net Claimed Amount		(16)	(34)	
Due from State	(08)	(17)	(35)	
Due to State		(18)	(36)	
(37) CERTIFICATION OF CLAIM				
<p>In accordance with the provisions of Government Code § 17561, I certify that I am the officer authorized by the school district to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1098, inclusive.</p> <p>I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein; and such costs are for a new program or increased level of services of an existing program. All offsetting savings and reimbursements set forth in the Parameters and Guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.</p> <p>The amounts for Reimbursement Claim are hereby claimed from the State for payment of actual costs set forth on the attached statements. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</p>				
Signature of Authorized Officer			Date	
_____			_____	
Type or Print Name			Title	
(38) Name of Contact Person for Claim			Telephone Number	
_____			_____	
E-mail Address			_____	

Program 153	INTRADISTRICT ATTENDANCE CERTIFICATION CLAIM FORM INSTRUCTIONS	FORM FAM-27
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- (01) Enter the payee number assigned by the State Controller's Office.
- (02) Enter your Official Name, County of Location, Street or P. O. Box address, City, State, and Zip Code.
- (03) Leave blank.
- (04) Leave blank.
- (05) Leave blank.
- (06) Leave blank.
- (07) Leave blank.
- (08) Leave blank.
- (09) If filing a reimbursement claim, enter an "X" in the box on line (09) Reimbursement.
- (10) If filing a combined reimbursement claim on behalf of districts within the county, enter an "X" in the box on line (10) Combined.
- (11) If filing an amended reimbursement claim, enter an "X" in the box on line (11) Amended.
- (12) Enter the fiscal year for which actual costs are being claimed. If actual costs for more than one fiscal year are being claimed, complete a separate form FAM-27 for each fiscal year.
- (13) Enter the amount of the reimbursement claim from Form-1, line (11). The total claimed amount must exceed \$1,000.
- (14) Reimbursement claims must be filed by **February 15** of the following fiscal year in which costs were incurred or the claims will be reduced by a late penalty. Enter zero if the claim was timely filed, otherwise, enter the product of multiplying line (13) by the factor 0.10 (10 % penalty), not to exceed \$10,000.
- (15) If filing a reimbursement claim or a claim was previously filed for the same fiscal year, enter the amount received for the claim. Otherwise, enter a zero.
- (16) Enter the result of subtracting line (14) and line (15) from line (13).
- (17) If line (16), Net Claimed Amount, is positive, enter that amount on line (17), Due from State.
- (18) If line (16), Net Claimed Amount, is negative, enter that amount on line (18), Due to State.
- (19) to (21) Leave blank.
- (22) to (36) Reimbursement Claim Data. Bring forward the cost information as specified on the left-hand column of lines (22) through (36) for the reimbursement claim, e.g., Form-1, (04)(1)(d), means the information is located on Form-1, block (04)(1), column (d). Enter the information on the same line but in the right-hand column. Cost information should be rounded to the nearest dollar, i.e., no cents. Indirect costs percentage should be shown as a whole number and without the percent symbol, i.e., 7.548% should be shown as 8. **Completion of this data block will expedite the payment process.**
- (37) Read the statement "Certification of Claim." If it is true, the claim must be dated, signed by the district's authorized officer, and must include the person's name and title, typed or printed. **Claims cannot be paid unless accompanied by an original signed certification. (To expedite the payment process, please sign the form FAM-27 with blue ink, and attach a copy of the form FAM-27 to the top of the claim package.)**
- (38) Enter the name, telephone number, and e-mail address of the person to contact if additional information is required.

SUBMIT A SIGNED ORIGINAL, AND A COPY OF FORM FAM-27, WITH ALL OTHER FORMS AND SUPPORTING DOCUMENTS TO:

Address, if delivered by U.S. Postal Service:

**OFFICE OF THE STATE CONTROLLER
ATTN: Local Reimbursements Section
Division of Accounting and Reporting
P.O. Box 942850
Sacramento, CA 94250**

Address, if delivered by other delivery service:

**OFFICE OF THE STATE CONTROLLER
ATTN: Local Reimbursements Section
Division of Accounting and Reporting
3301 C Street, Suite 500
Sacramento, CA 95816**

Program 153	MANDATED COSTS INTRADISTRICT ATTENDANCE CLAIM SUMMARY				FORM 1
(01) Claimant			(02)		Fiscal Year ____ / ____
Claim Statistics					
(03) (a) Number of intradistrict transfers requested in the fiscal year of claim					
(b) Number of intradistrict transfers granted in the fiscal year of claim					
(c) Average daily attendance (ADA) for the district in the fiscal year of claim					
Direct Costs			Object Accounts		
			(a) Salaries and Benefits	(b) Materials and Supplies	(c) Contract Services
(04) Reimbursable Activities			(d) Total		
1. Policy and Procedures					
2. Random Selection Process					
3. Schoolsite Capacity					
4. Impact on Demographics					
(05) Total Direct Costs					
Indirect Costs					
(06) Indirect Cost Rate [From J-380 or J-580]					%
(07) Total Indirect Costs [Line (05)(a) x line (06)]					
(08) Total Direct and Indirect Costs [Line (05)(d) + line (07)]					
Cost Reduction					
(09) Less: Offsetting Savings					
(10) Less: Other Reimbursements					
(11) Total Claimed Amount [Line (08) - {line (09) + line (10)}]					

Program 153	MANDATED COSTS INTRADISTRICT ATTENDANCE CLAIM SUMMARY	FORM 1
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- (01) Enter the name of the claimant.
- (02) Enter the fiscal year of claim.
- (03) (a) Enter the number of intradistrict transfers that were requested in the fiscal year of claim.
- (b) Enter the number of intradistrict transfers that were granted in the fiscal year of claim.
- (c) Enter the average daily attendance (ADA) for the fiscal year.
- (04) Reimbursable Activities. For each reimbursable activity, enter the total from form 2, line (05), columns (d) through (f) to form 1, block (04), columns (a) through (c) in the appropriate row. Total each row.
- (05) Total Direct Costs. Total columns (a) through (d).
- (06) Indirect Cost Rate. Enter the indirect cost rate from the Department of Education form J-380 or J-580, as applicable, for the fiscal year of costs.
- (07) Total Indirect Costs. Enter the product of multiplying Total Salaries and Benefits, line (05)(a), by the Indirect Cost Rate, line (06).
- (08) Total Direct and Indirect Costs. Enter the sum of Total Direct Costs, line (05)(d), and Total Indirect Costs, line (07).
- (09) Less: Offsetting Savings. If applicable, enter the total savings experienced by the claimant as a direct result of this mandate. Submit a detailed schedule of savings with the claim.
- (10) Less: Other Reimbursements. If applicable, enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds, that reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.
- (11) Total Claimed Amount. Line (08) less the sum of line (09) plus line (10). Enter the total on this line and carry the amount forward to form FAM-27, line (13) for the Reimbursement Claim.

Program 153	MANDATED COSTS INTRADISTRICT ATTENDANCE ACTIVITY COST DETAIL					FORM 2
(01) Claimant			(02) Fiscal Year			
(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.						
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Policy and Procedures <input type="checkbox"/> Random Selection Process </div> <div style="width: 45%;"> <input type="checkbox"/> Schoolsite Capacity <input type="checkbox"/> Impact on Demographics </div> </div>						
(04) Description of Expenses					Object Accounts	
(a) Employee Names, Job Classifications, Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries and Benefits	(e) Materials and Supplies	(f) Contract Services	
(05) Total <input style="width: 40px;" type="text"/> Subtotal <input style="width: 40px;" type="text"/>			Page: ____ of ____			

Program 153	INTRADISTRICT ATTENDANCE ACTIVITY COST DETAIL Instructions	FORM 2
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- (01) Claimant. Enter the name of the claimant.
- (02) Fiscal Year. Enter the fiscal year for which costs were incurred.
- (03) Reimbursable Activities. Check the box that indicates the activity being claimed. Check only one box per form. A separate Form 2 must be prepared for each applicable activity.
- (04) Description of Expenses. The following table identifies the type of information required to support reimbursable costs. To detail costs for the activity box "checked" in block (03), enter the employee names, position titles, a brief description of the activities performed, actual time spent by each employee, productive hourly rates, fringe benefits, supplies used, and contract services. **The descriptions required in column (4)(a) must be of sufficient detail to explain the cost of activities or items being claimed.** For audit purposes, all supporting documents must be retained by the claimant for a period of not less than three years after the date the claim was filed or last amended, whichever is later. If no funds were appropriated and no payment was made at the time the claim was filed, the time for the Controller to initiate an audit will be from the date of initial payment of the claim. Such documents must be made available to SCO on request.

Object/ Sub object Accounts	Columns						Submit supporting documents with the claim
	(a)	(b)	(c)	(d)	(e)	(f)	
Salaries and Benefits	Employee Name/Title Activities Performed	Hourly Rate Benefit Rate	Hours Worked	Salaries = Hourly Rate x Hours Worked Benefits = Benefit Rate x Salaries			
Materials and Supplies	Description of Supplies Used	Unit Cost	Quantity Used		Cost = Unit Cost x Quantity Used		
Contract Services	Name of Contractor Specific Tasks Performed	Hourly Rate	Hours Worked Inclusive Dates of Service			Cost=Hourly Rate x Hours Worked or Total Contract Cost	Copy of Contract and Invoices

- (05) Total line (05), columns (d) through (f) and enter the sum on this line. Check the appropriate box to indicate if the amount is a total or subtotal. If more than one form is needed to detail the activity costs, number each page. Enter totals from line (05), columns (d) through (f) to form 1, block (04), columns (a) through (c) in the appropriate row.